



Application for Legal Services

International Protection and Permission to Remain

THIS APPLICATION MUST BE ACCOMPANIED
BY A FEE OF €10

PLEASE NOTE:

- Read the form carefully and complete form in **BLOCK CAPITAL LETTERS**
- This form must be accompanied by a fee of €10 as set out above, paid via cash or postal order made payable to the Legal Aid Board.
- A legal representative cannot be appointed until €10 contribution is received or a waiver request granted.
- Incomplete forms will delay allocation of a legal representative
- Separate applications must be completed for spouses and adult children.
- Notify us as at once of any change of address or receipt of a deadline/decision from IPO
- Provide email and phone number clearly on the form
- Please attach all correspondence from the IPO
- When we get a completed form along with the €10 fee we will allocate a legal representative and inform you, the legal representative and the International Protection Office by post/email
- Please sign both this application and also the attached consent form (your signature is needed in the two places)
- If you need help filling out this form, please ask a member of staff
- Please make only one application to one of the offices listed below. There is no need to reapply to another Law Centre if you change address

Offices dealing with International Protection;

<p>Law Centre (Smithfield) 48/49 North Brunswick Street Georges Lane Dublin D07 PE0C Free-phone* 1800 23 83 43 Phone number 01 646 96 00 lawcentresmithfield@legalaidboard.ie</p>	<p>Law Centre (Cork North) North Quay House Pope's Quay Cork T23 HV26 Free-phone* 1800 20 24 20 Phone number 021 455 16 86 lawcentrecorknorth@legalaidboard.ie</p>	<p>Law Centre (Galway) Seville House New Dock Street Galway H91 CKV0 Free-phone* 1800 50 24 00 Phone number 091 562 480 lawcentresevillehouse@legalaidboard.ie</p>
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1. PERSONAL INFORMATION

You must complete this part fully:

First Name				Last Name				
Date of Birth				Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Nationality			
Contact phone Number				Language				
Email address								
Address where you are now staying								
Translator/Interpreter needed	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>				

2. YOUR APPLICATION FOR INTERNATIONAL PROTECTION IN IRELAND

Details:

Person ID/ Blue Card Number)			Date issued		
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***Please provide all documents from IPO**

Current status of your protection application (Please tick):

Questionnaire submitted to the IPO? If yes, give date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date:			
Did IPO deem your application inadmissible?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dublin III Transfer decision received? If yes, give date received:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date:			
IPO main interview date received? If ye, give date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date:			
IPO main interview completed? If yes, give date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date:			
Recommendation received from IPO? If yes give date received:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date:			
	Decision letter attached	<input type="checkbox"/>		
IPAT Appeal hearing date received If yes give date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date:			
Negative IPAT decision received If yes, give date	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date:			
Deportation order received? If yes, give date received:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date:			

Please give details of any other family members living in Ireland. If married please give spouse details.

Separate applications must be completed for spouses and children over 18.

Name (Family Member 1)		Relationship to you	
Is this person seeking international protection?		Personal reference number	
Name (Family Member 2)		Relationship to you	
Is this person seeking international protection?		Personal reference number	
*If there are additional family members, please list them as above on a separate page and attach to this form			

3. STATEMENT OF INCOME AND ASSETS

If you do not own any property of any kind anywhere in the world or have any savings you do not need to complete a statement of means and assets. Please tick the box below.

- My only source of income is a direct provision allowance and the value of my assets of any kind (other than my home) does not exceed €4,000.**
- I have included the €10 Contribution**
- I have attached all correspondence from the IPO and any other requested documents**



DECLARATION – Please read carefully before you sign

1. I confirm that all the information I have given on this form is correct and I have not deliberately left anything out.
2. I understand that if it is later found that I gave incorrect information on this form or have left out any information asked for on this form, the Legal Aid Board can take away my legal aid/advice and I can be held liable for the cost of the service it provided up until that point.
3. I give the Board permission to obtain any details or other information about my case which the Board might require.
4. I understand that the Board may contact the Department of Employment Affairs and Social Protection to obtain or verify any details of payments they make to me or any other information about my means that they might have on file.
5. If any details on this form change I will inform the Board.
6. I understand that the Board may re-assess my means and capital at any time while it is providing me with legal services, until my case is concluded and my file is closed. They may, based on the outcome of that re-assessment, decide to withdraw my legal aid/advice.

Signed

Date:

Data Protection and Freedom of Information

The Legal Aid Board will treat all information and personal data you give as confidential. The Board will only disclose it to other people or bodies according to the law.

To Whom It May Concern

Re:

Personal reference number:

I, _____, of _____, hereby authorise and instruct the Legal Aid Board, Law Centre (Smithfield), 48/49 North Brunswick Street, Georges Lane, Dublin D07 PE0C to act as my solicitors in relation to my application for International Protection/ Permission to Remain in the State.

I request that all information and documentation, including translations of any documents in your possession, power or procurement pertaining to my application for International Protection / Permission to Remain in the State be furnished to the Legal Aid Board, Law Centre (Smithfield), 48/49 North Brunswick Street, Georges Lane, Dublin D07 PE0C.

Signed: _____

Dated: _____

To Whom It May Concern

Re:

Personal reference number:

I, _____, of _____ hereby authorise and instruct the Legal Aid Board, Law Centre (Cork North), North Quay House, Pope's Quay, Cork T23 HV26 to act as my solicitors in relation to my application for international protection/ permission to remain in the State.

I request that all information and documentation, including translations of any documents in your possession, power or procurement pertaining to my application for international protection/ permission to remain in the State be furnished to the Legal Aid Board, Law Centre (Cork North), North Quay House, Pope's Quay, Cork T23 HV26.

Signed: _____

Dated: _____

To Whom It May Concern

Re:

Personal reference number:

I, _____, of _____, hereby authorise and instruct the Legal Aid Board, Law Centre (Galway), Seville House, New Dock Street, Galway H91 CKV0 to act as my solicitors in relation to my application for International Protection/ Permission to Remain in the State.

I request that all information and documentation, including translations of any documents in your possession, power or procurement pertaining to my application for International Protection / Permission to Remain in the State be furnished to the Legal Aid Board, Law Centre (Galway), Seville House, New Dock Street, Galway H91 CKV0.

Signed: _____

Dated: _____